

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
	2							52			
	3	1						53			
	4	1						54			
	5	1						55			
	6	1						56			
	7	1						57			
	8	1						58			
	9	1						59			
	10	1						60			
	11	1						61			
	12	1						62			
	13	1						63			
	14	1						64			
	15	1						65			
	16	1						66			
	17	1						67			
	18	1						68			
	19	1						69			
	20	1						70			
	21	1						71			
	22	1						72			
	23	1						73			
	24	1	1					74			
	25		1					75			
	26		1					76			
	27		1					77			
	28		1					78			
	29		1					79			
	30		1					80			
	31		1					81			
	32		1					82			
	33		1					83			
	34		1					84			
	35							85			
	36							86			
	37							87			
	38							88			
	39							89			
	40							90			
	41							91			
	42							92			
	43							93			
	44							94			
	45							95			
	46							96			
	47							97			
	48							98			
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.					
TOTAL CLAIMS						TOTAL CLAIMS					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											